

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34922

State File No. _____

Registrar's No. 24

Registration District No. 1

Primary Registration District No. 5573

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town Grain Valley
(c) Name of hospital or institution San a Bar Turp - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: 10 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wm F. Kemmer

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married. 2 divorced
6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive. 78 1/2 years
7. Birth date of deceased May - 13 (Month) (Day) (Year)

8. AGE: Years 91 Months 4 Days 2 If less than one day hr. _____ min. _____

9. Birthplace New Muller Mo (City, town, or county) (State or foreign country)

10. Usual occupation Retired School Teacher

11. Industry or business Retired

12. Name Kemmer

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Kathleen (City, town, or county) (State or foreign country)

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs B. C. Reims

(b) Address Grain Valley Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director Mrs. J. B. Webb & Son

(b) Address Blue Springs Mo

19. (a) Sept. 24-43 (Date received local registrar) (b) Mrs John Lawson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town Grain Valley (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1943 hour 9:30 minute 4 M.

21. I hereby certify that I attended the deceased from Sept 12 1943 to Sept 15 1943 that I last saw him alive on Sept 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Crawford (M. D. or other) _____

Address Grain Valley Date signed 9/17/43

1013

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

R. Blum

Licensed Embalmer No. *2353*

P. O. Address.....

Blue Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.